



The Scarborough Hospital

Accredited with Commendation

October, 2016 to 2020

The Scarborough Hospital has gone beyond the requirements of the Qmentum accreditation program and is commended for its commitment to quality improvement. It is accredited until October 2020 provided program requirements continue to be met.

The Scarborough Hospital is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **The Scarborough Hospital** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

The Scarborough Hospital (2016)

Situated in one of the most diverse communities in Canada, The Scarborough Hospital (TSH) delivers a broad spectrum of services from two hospital campuses (Birchmount and General) and five satellite sites. We are home to a number of regional programs serving the central east Greater Toronto Area, including nephrology, vascular surgery, and vision care. TSH is recognized as a centre of excellence in paediatrics, orthopaedic surgery, cancer care, and mental health. The hospital has a long-standing affiliation with the University of Toronto (U of T), and is a partner with U of T on the first-in-Canada Centre for Integrative Medicine.

Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) www.isqua.org, a tangible demonstration that our programs meet international standards.

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

On-site survey dates

October 2, 2016 to October 7, 2016

Locations surveyed

- **2** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited with Commendation** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

Standards used in the assessment

- **17 sets of standards** were used in the assessment.

Summary of surveyor team observations

These surveyor observations appear in both the Executive Summary and the Accreditation Report.

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

The residents of Scarborough came together to build two community hospitals in 1956 and 1985: The Scarborough General Hospital (Scarborough General) and The Salvation Army Scarborough Grace Hospital (Scarborough Grace). Both hospitals were innovators in providing health care services to their communities. In 1999 the two organizations merged to form The Scarborough Hospital (TSH). Today, the sites are referred to as the General campus and the Birchmount campus.

In 2015 and 2016, the Birchmount and the General campuses celebrated their 30th and 60th anniversaries, respectively. With 90 combined years of excellence in health care, TSH has changed lives, strengthened the community, and helped Scarborough grow.

TSH is situated in one of the most diverse communities in Canada and delivers a wide range of services including being a regional centre for ophthalmology and vascular surgery, operating the largest renal (kidney care) program in Canada, and being a centre of excellence for maternal, child, and newborn care; breast cancer and reconstructive surgery; and orthopedic surgery. The global community served includes a population that is 59 percent foreign born and more than 50 percent have English as a second language. In addition, 42 percent of the improvement areas in a recent Greater Toronto Area study on population needs are in the Scarborough catchment. This highlights the unique population served by the staff, physicians, and volunteers at TSH.

In August 2014, TSH launched a planning process to renew its strategic and clinical directions plans, calling this process "Forward Together: Building a Healthier Scarborough 2015-2019." Four strategic priorities resulted from this new and refreshed direction: patients as partners, quality and sustainability, integrated care networks, and innovation and learning. Forward Together acknowledges that the hospital's many successes are possible through a collective team effort and a collaborative spirit that defines approaches and solutions for the future.

In the spirit of ongoing engagement and collaboration, TSH reached out to all of its key stakeholders throughout the planning process – including staff, physicians, the TSH Foundation, volunteers, patients, provider partners, community residents, and various community groups including the

hospital's Community Advisory Council (now called the Community and Patient Advisory Council or CPAC) – to ensure there were multiple opportunities for people to get involved and provide their input and feedback.

In addition to the strategic priorities, TSH's mission is to provide an outstanding care experience that meets the unique needs of each and every patient, with a vision of being recognized as Canada's leader in providing the best health care for a global community. Its values, expressed as ICARE (integrity, compassion, accountability, respect, excellence), are engrained in everything it does.

The board of directors has embraced the strategic priority of patients as partners. There are now community advisors and representatives on board committees. The directors are caring, passionate, and committed to patients and families and the community of Scarborough, with this being their "always front and centre" focus. Board members promote a culture of transparency, communication, and inclusiveness. They take pride in and acknowledge the resiliency of the committed staff at TSH, recognizing how they have embraced innovation and how dedicated they are to making a difference.

The Senior Management Team (SMT) models the values of TSH to improve the culture of staff and patient engagement and focus on quality improvement and patient safety. It is commended on its achievements with innovative and efficient processes as good custodians of resources. The SMT leverages multiple competing needs exceptionally well and is committed to forward thinking and innovation. In pursuit of high quality care, there is much community pride and strong trust relationships internally across programs and externally with partners. The SMT members ensure they are good communicators internally and externally and that planning is deeply socialized.

There are opportunities to continue to evolve and develop strategic partnerships, integrate programs to avoid duplication, and maximize resources for continued efficiencies. Addressing length of stay and implementing new models of care and partnerships to avoid admissions and divert to the community are in progress and the organization is encouraged to continue with these.

TSH has a long-standing history of understanding and adapting to the needs of one of Canada's most diverse populations. Over twenty years ago, it was one of the first hospitals in Ontario to dedicate a department and a director focused on diversity, to meet the changing community and patient profile needs. Recently, TSH transitioned its community council to one that now includes the patient voice. The CPAC provides guidance on overarching patient engagement activities and reports directly to the board.

In addition, patient and family advisors have been implemented across the organization, starting in the Mental Health and Addiction, Renal, and Oncology programs, and the Emergency Department. Integrating advisors with teams for planning, recruitment, and new processes is extremely well done. TSH is encouraged to continue to embed patient and family advisors into the organization as staff see tremendous value in their input and patients/families appreciate being asked. The board and the SMT are extremely committed to ensuring the culture of engagement and preserving patient- and family-centred care as a continued focus for TSH.

Community partners that were invited to participate in the on-site survey included Carefirst Seniors & Community Services Association, Centennial College, Scarborough Centre for Healthy Communities, Providence Healthcare, Yee Hong Centre for Geriatric Care, University of Toronto Scarborough campus, Toronto Paramedics, St Paul's L'Amoreaux Centre, Alzheimer Society of Toronto, Catholic Crosscultural Services, TransCare Community Support Services, and the South Asian Autism Awareness Centre. The extensive list of invitees is evidence of TSH's community collaboration. Community partners were very complimentary of the level of input they are asked for with respect to community planning and processes to enhance the patient experience. Some examples of community initiatives are academic partnerships with Centennial College and U of T Scarborough campus that have resulted in placements for students, process improvements for flow with Providence and St Paul's, access to community clinic support such as the Geriatric Assessment and Intervention Network (GAIN), the renal program partnership with Yee Hong, and memoranda of understanding agreements for ethics and other support with Scarborough Centre for Healthy Communities, to name a few. Community partners described TSH as playing an anchor role for the community with the capacity to bring people together, and see the organization as responsive, committed, accountable, innovative, and a great partner for any initiative that will benefit patients.

Community partners identified a number of opportunities for improvement. These included continuing to collaborate with them to define the hospital role and the community agency role, continuing to address the diversity of the community, avoiding admissions, providing good transfer of accountability to providers through discharge practices, improving on wayfinding, and continuing to collaborate on community events such as disaster planning. Overall, partners commented on feeling appreciated by the staff as they collaborated on opportunities to improve transitions of care across the continuum.

Numerous improvements to support staff and work-life wellness have been implemented since the last on-site survey. Actions to address the outcomes from the recent Metrics@Work survey have been implemented, with support to teams that had lower engagement scores. Of note, the employee engagement score for 2010 was 42.7 percent, rising to 62.7 percent in 2016, a steady climb and a tremendous improvement. Key initiatives have been implemented, including the Rising Star program, a new talent management program for leaders; wellness programs like Exhale; and a fitness centre at both sites with personalized programs. Staff are recognized through annual service awards, a summer BBQ, and bursary programs for continuing education which are much appreciated by all.

At the front line, an enhanced model of interprofessional care based on key patient-centred principles has been rolled out, with a goal of developing better perspectives by learning with, from, and about each other, both providers and patients. Other deliverables being pursued that engage patients and caregivers and span the organization are the development of shared care plans, shift change reports at the patient bedside, a review of the hospital's visitor policy, patient involvement in new staff orientation, and improvements in hospital wayfinding, to name just a few initiatives have been implemented.

Employees conveyed their appreciation for the support in the workplace and expressed pride in the care they provide to the diversity of patients who present for service. Many staff members have contributed for a number of years as long-standing employees.

Through the clinical action plan, standardizing and eliminating clinical practice variation has put the quality of patient care at the forefront. Changes have been implemented and more are in progress through communicating the value of standardized practices from the “voice of the patient.” Examples include oncology, renal, vascular, and orthopedic inpatient care at the General campus; and ophthalmology, mental health, and day surgery programs at the Birchmount campus. Through strong clinician engagement and leadership TSH continues to forge the way toward clinical service planning that considers critical mass and expertise, has a positive impact on patient care and quality, and achieves the best patient outcomes. Through service integration, opportunities to improve efficiency and use of capital and reduce duplication will result.

It was a pleasure as a survey team to be part of this highly engaged organization that is focused on patients as partners first and foremost and that keeps this front and centre at all times.

Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

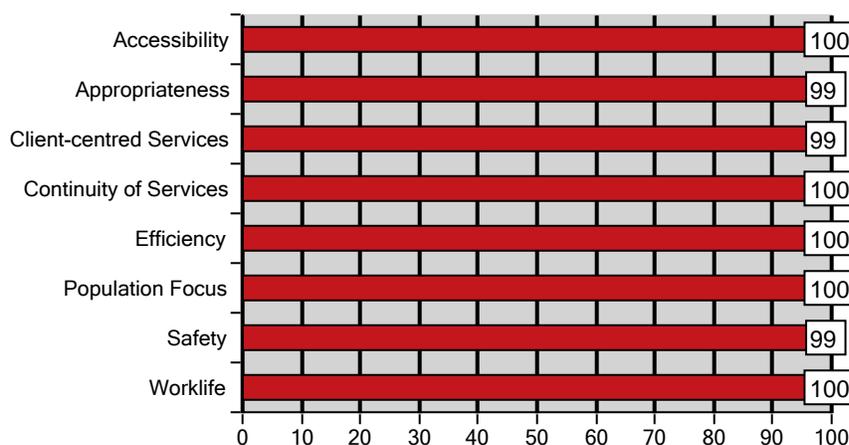
The quality dimensions are:

	Accessibility:	Give me timely and equitable services
	Appropriateness:	Do the right thing to achieve the best results
	Client-centred Services:	Partner with me and my family in our care
	Continuity of Services:	Coordinate my care across the continuum
	Efficiency:	Make the best use of resources
	Population Focus:	Work with my community to anticipate and meet our needs
	Safety:	Keep me safe
	Worklife:	Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

Quality Dimensions: Percentage of criteria met



Overview: Standards results

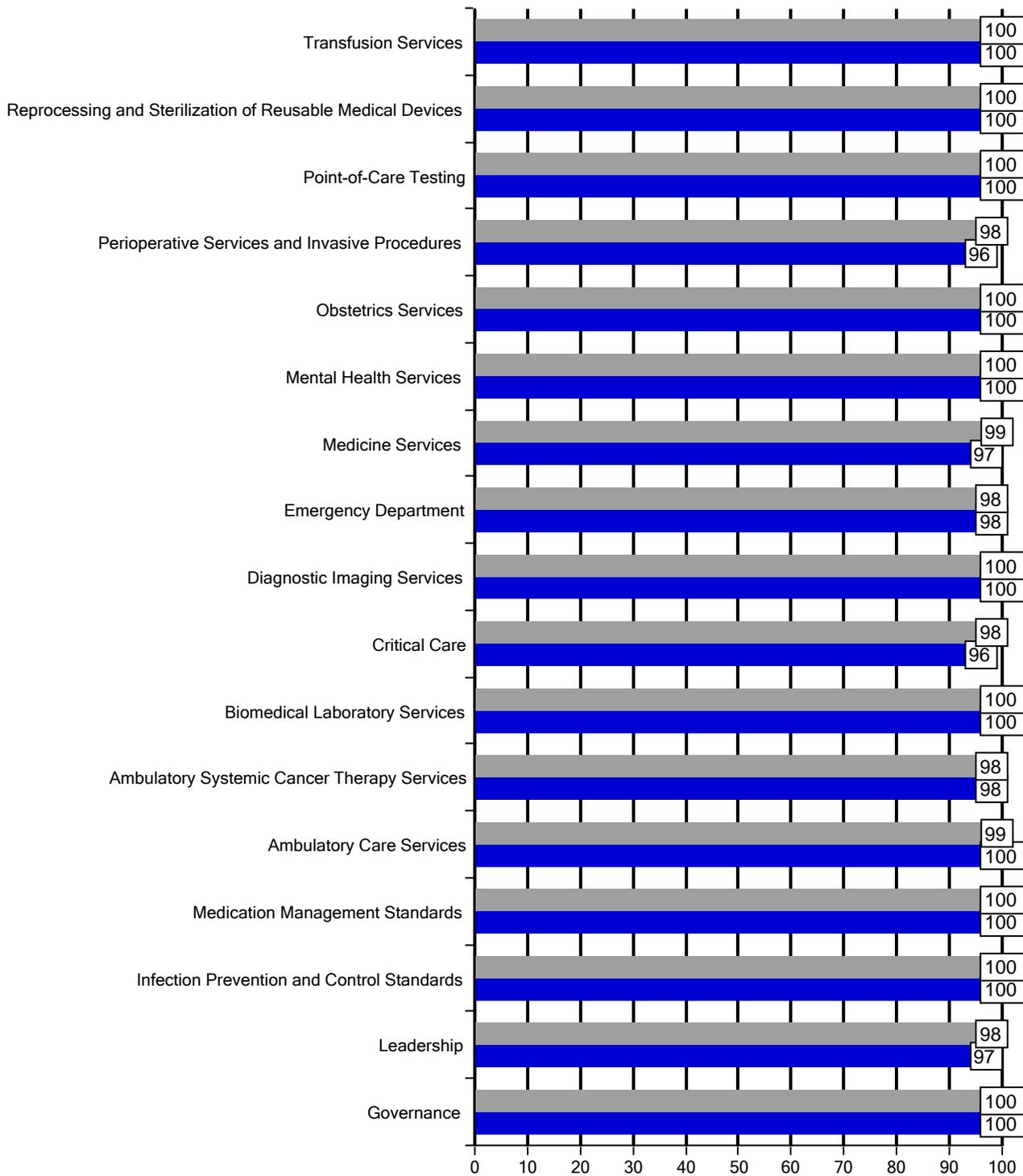
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

Standards: Percentage of criteria met

■ High priority criteria met
 ■ Total criteria met



Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

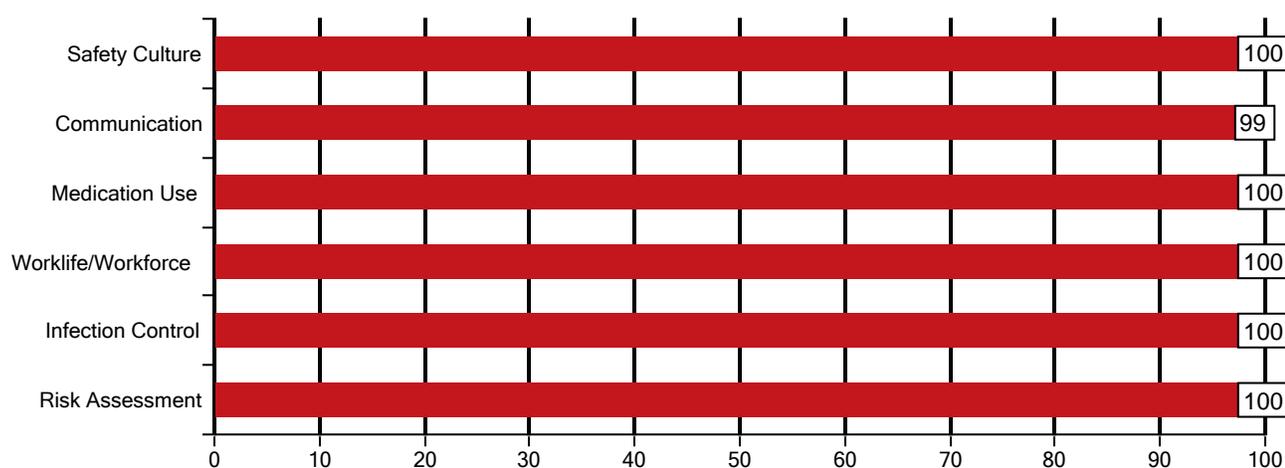
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

ROP Goal Areas: Percentage of tests for compliance met



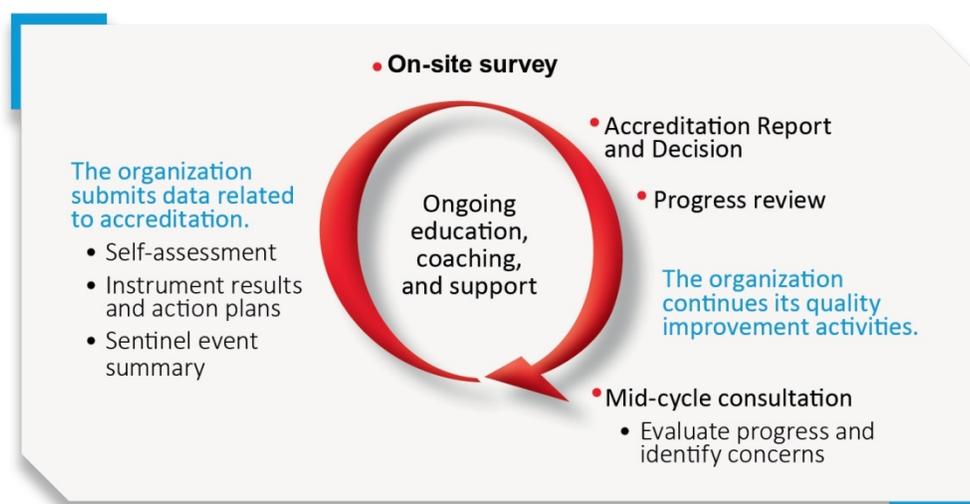
The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

Qmentum: A four-year cycle of quality improvement



As **The Scarborough Hospital** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Appendix A: Locations surveyed

- 1 The Scarborough Hospital, Birchmount Campus
- 2 The Scarborough Hospital, General Campus

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for quality
 - Patient safety incident disclosure
 - Patient safety incident management
 - Patient safety quarterly reports
 - Patient safety-related prospective analysis
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Communication

- Client Identification
 - Information transfer at care transitions
 - Medication reconciliation as a strategic priority
 - Medication reconciliation at care transitions
 - Safe surgery checklist
 - The “Do Not Use” list of abbreviations
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Medication Use

- Antimicrobial stewardship
 - Concentrated electrolytes
 - Heparin safety
 - High-alert medications
 - Infusion pump safety
 - Narcotics safety
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Worklife/Workforce

- Client Flow
 - Patient safety plan
 - Patient safety: education and training
 - Preventive maintenance program
 - Workplace violence prevention
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Infection Control

- Hand-hygiene compliance
 - Hand-hygiene education and training
 - Infection rates
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Risk Assessment

Required Organizational Practices

- Falls prevention
 - Pressure ulcer prevention
 - Suicide prevention
 - Venous thromboembolism prophylaxis
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